Family PACT: Claim Form Completion Introduction

This section includes the telephone number for a Family PACT billing assistance hotline. This section also includes a list of Medi-Cal manual sections that might be helpful to Family PACT providers for completing and submitting claims. Family PACT is a State program separate from Medi-Cal; however, Family PACT providers use the Medi-Cal claims processing system for reimbursement. The same claim types used to submit Medi-Cal claims (*HCFA 1500*, UB-92 or electronic software submission) also are used by Family PACT providers.

Note: Family PACT policies and procedures may differ from Medi-Cal requirements. Providers may refer to the monthly *Medi-Cal Update* for changes and/or updates to both the *Family PACT Policies, Procedures and Billing Instructions* manual and the Medi-Cal provider manual.

HAP Hotline and Billing Assistance

For personal assistance with program questions and billing issues providers may contact the Health Access Programs (HAP) Hotline at 1-800-257-6900, Monday – Friday, 8:00 a.m. – 5:00 p.m.

Provider relations representatives also are available. Local HAP representatives specialize in Family PACT Program issues and will make a personal visit to a provider's site or assist them by fax and/or phone with billing issues at no charge. Representatives are available to train large or small groups. Providers may call the HAP Hotline for the name and phone number of the representatives in their area.

TAR Control Number

Treatment Authorization Request (TAR) Control Numbers must be entered on the *HCFA 1500* claim form in the *Prior Authorization Number* field (Box 23) and on the *UB-92 Claim Form* in the *Treatment Authorization Codes* field (Box 63).

Medi-Cal Provider References

The following Medi-Cal provider manual sections are useful for **Manual** Family PACT clinician providers.

Part 1 Manual Sections

Title and Description

Aid Codes Master Chart
Identifies the type of services for which different Medi-Cal/CMSP recipients are eligible

Automated Eligibility Verification System (AEVS)
Alphabetic code listing and Family PACT transactions

Claim Form Submission/Timeliness
Billing limit exceptions

Computer Media Claims (CMC)
Electronic billing

Point of Service (POS) Transactions
How to use the POS device with Medi-Cal recipients

Resubmission Turnaround Document (RTD)
Used to correct limited number of errors on a submitted claim, eliminating the need to restart the entire claim form

Remittance Advice Details (RAD) and Warrant
Explains how to understand the RAD statement, which outlines money paid, claims suspended and claims denied

Share of Cost (SOC)

Appropriate Part 2 Manual Sections

Appeals
When and how to appeal a payment, resubmission, or claim inquiry

Approved Modifiers
Medi-Cal billing modifiers used if applicable when billing

Claim Form Completion (*HCFA 1500*/*UB-92*)
Medi-Cal required fields and how to complete them

Claims Inquiry Form (CIF)
Used to reconcile claim payment or denial as identified on the RAD

Family Planning (Medi-Cal)
Billing information for Medi-Cal family planning services

Injections
Medi-Cal policy and procedures regarding injections

Non-Physician Medical Practitioners
Definitions and billing information services

Pathology
How labs bill Medi-Cal

Pregnancy
Billing information for Medi-Cal OB services

Presumptive Eligibility
Billing information for Medi-Cal PE services

Remittance Advice Details (RAD) Codes and Messages (Explanation of Benefits)
Definitions for the codes on the RAD

Supplies and Drugs
How to bill supplies and drugs for Medi-Cal

Treatment Authorization Request (TAR)
Explains how to request prior authorization to be reimbursed

TAR Field Offices
Where to submit a *Treatment Authorization Request*

Pharmacy Manual Only: 200-10 Section

Pharmacy Policies – Statements
Who can bill, how to bill, what information is needed to bill